Palliative Medicine and Palliative Treatment in Surgical Cases.

ADDRESS

DELIVERED BY

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AT THE MEETING HELD IN MANCHESTER,

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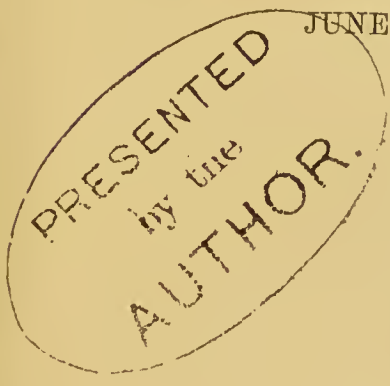

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ADDRESS.

Mr. Ex-President and Gentlemen,—

The first duty I have to discharge, on taking the chair just vacated by my friend Mr. Christopher Johnson, is a very pleasing one:—it is to thank you most sincerely for the honour you did me at our meeting at Lancaster last year, in nominating me as your President-elect for the coming season; and also for having to-day so kindly ratified that decision, and placed me in the honourable position which I now occupy. I can assure you I value it very highly, and whilst I freely acknowledge the distinction conferred upon me, I am not forgetful of the responsibilities it entails.

It shall be my endeavour during the coming year, both by precept and example, to help to carry out the useful objects for which our Association was established; and to bring together the members of this branch, so as to awaken in them a cordial feeling of mutual interdependence, and a desire to distribute more widely among the members of our Association the advantages of experience and observation, which may be gained by each individually.

Whilst I would strive to show you the power which we possess among ourselves of advancing the science and art of Medicine, and how every one of us may add his mite of information to the general good, I am reminded, at the very outset of these remarks, of the great loss we have sustained since we last met, by the death of one of our most promising and eminent members. Speaking in Manchester, I need not say that I allude to the death of our fellow-citizen, Mr. Samuel Messenger Bradley, a man personally known to most of you, if not to all present,—certainly by renown to others in the far distant parts of this kingdom, either by his voice or by his pen; for there is hardly a subject in the category of medicine or surgery upon which he did not in some way touch, so varied was his genius; and in many things he did it may truly be said, adopting the ancient motto, "*nihil tetigit quod non ornavit.*"

But it is not only in reference to his intellectual distinction that I would remind you of our loss; it is also that we feel we have lost one who was distinguished by an amount of

generosity of disposition, of quickness of perception, of ready wit, and of close observation,—a happy combination of many faculties, which helped to make up the character of the man whose death we now deplore. Had it been otherwise—had it not been almost in confirmation of the old classical saying, that "those whom the gods love die young," we might have had him with us here to-day; and most assuredly he would have joined in the happy reunion of many friends, and would not, I am sure, have failed to add, by his keen observation of our passing discussions, some new facts, or, by his skill, to have cleverly placed some old ones in new combinations.

We must console ourselves with the thought that there are with us, to-day, the younger members of our profession,—men ready to take his place; and though we may never find one who will display an equal variety of mental capacity, or who may be so many-sided in his powers, in the various paths which he has trodden he will doubtless have many followers.

The subject on which I desire to speak to you to-day is—

"*Palliative Medicine and Palliative Treatment in Surgical Cases.*"

Surgery is a part of medicine, and we cannot separate it from its elder sister without loss of help, in the great work we have before us. Medicine, in general, may be divided into preventive and curative. By the former, and by hygienic measures alone, we may often succeed in averting the presence of disease, or where it does exist, we may by such means so far control its progress as to render it almost innocuous.

By curative medicine we desire to guide the disturbed organism through the various changes created by disease, so as at length to eliminate the same, and leave the system permanently undamaged by the morbid changes through which it has passed.

To say that we can so conduct a patient through any disease, or to say that after the system has been exposed to morbid changes, it can be restored absolutely to the condition in which it previously existed, is, perhaps, asserting too much; for, although the damage inflicted by disease may at the time be so trivial as to be unobserved, we very often find it will become a centre or nucleus of some fresh change, which, going on slowly, perhaps very slowly, may ultimately culminate in what may be called a sudden attack of disease; but which, to put it more

correctly, is, in truth, the sudden termination of a slow disease. Hence, in boasting of our cures, great caution should be used.

It should be our effort at all times to restore the system to the standard of health as closely as possible; and, failing to do this, we shall certainly have a better chance of success than if we did not aim at a result so desirable. And so it is, that measures reputed curative, although not absolutely so, have for their chief object complete restoration to health.

Now, there is a certain condition of things which must not be forgotten by those engaged in hospital and public practice, who have attained the position of consultants, and whose help—either by thought or skill—is sought by others in anxious and difficult cases; the character of the practice of such men is in one essential point different from that of the general practitioner, who is in daily contact with individual cases of disease.

In hospital practice, when a case is very tedious, or where it is entirely hopeless, for reasons to which it is needless here to refer, the attendance of the physician or the surgeon very soon ceases. The case is removed beyond his observation; the in-patient is made an out-patient, and in this way the case is lost sight of, although it must be admitted that in some instances, where the termination of the disease is likely to be very rapid, the case is retained under observation to the very end. Then, again, in

consultation practice, where a man is called in to see a difficult and anxious case, it may be that he only visits it, or that it remains under his observation for a very short time, and thus, in the immense number of cases which he is able to group, for comparison and reasoning upon, the actual labour and continuance of daily care bestowed on each is very small.

Not so, however, with the man in general practice. Here, if I may so say, he is tied to his patient, for if the latter is not going on favourably, or is beyond the reach of cure, the medical attendant, having once undertaken to treat the case, has still to watch it; he cannot, as a point of honour, avoid or shirk his duty because forsooth he knows the disease is not amenable to successful treatment. He cannot give it up, and if his patient be a man with whom he has special social relations, he will, on that account, be more particularly disposed to use his utmost skill to relieve the sufferer and battle with his disease. But yet the point is this, that from the position he holds he has to go on for a much longer time, and remain much more closely in contact with the case in all its phases, than if he had only to see it occasionally, as varying conditions may arise. It is, therefore, among men engaged in general practice that any hints or suggestions which can be offered in the pursuit of what I venture to call palliative medicine and palliative treatment in surgical cases, must, I think, meet

with ready acceptance. I do not wish to be misunderstood in the use of these terms. I am supposing that every plan has been tried in a given case to check the advance of disease, or to attempt to cure it, and to restore the patient to perfect health. But there will still remain many—very many—cases in which, either from the imperfect condition of our art, or from the nature of the malady itself, this is not possible.

It is too late to prevent, for the disease has fully established itself, the end is at hand, and it is apparent that life is fast ebbing. How, then, can we best, in such cases, alleviate the general distress, preserve the strength, prolong the life, and mitigate or lessen the intensity of pain?

Such questions as these must lead us into a train of thought which is susceptible of so many ramifications; and we might go so largely into detail, in treating the subject, that I feel I can, on this occasion, only hint at a few points of interest which will show you that palliative treatment in surgical cases, and palliative medicine, are things to be more constantly thought over than they are wont to be. The young practitioner, fresh from the schools, and imbued with certain fixed principles of treatment which he believes are exactly suitable to every case, realizes, after a few years' experience in active practice, the truth of the remark made by the Scotch physician, when he exclaimed—"When I first entered upon practice I felt as if I had twenty

remedies for every disease, but I had not been very long at work ere I found that I had twenty diseases without a remedy."

For the sake of simplicity, I will approach the subject topographically, passing through the body—*á capite ad calcem*—from the head to the heel—and see as we pass through each region if we have not something to say as to palliative treatment, where prevention and cure are not possible.

Let us take a subject which has a speciality—the treatment of diseases of the eye. Let us consider the very common condition or abnormal state of the eye, in which there is a derangement or error in the optical contrivances for perfect accommodation and refraction. It becomes clear, when we think over the subject, that the construction of the eye as an optical instrument varies considerably in different persons. There may be no actual fault in the nervous system and in the sensitiveness of the retina; but that beautiful apparatus by which adjustment is secured is defective, and the power of accommodation is insufficient. Such a state as this may exist from year to year while the person, the subject of it, is in vigorous health; and until overtaken by some constitutional disease or general debility he is, in truth, little aware of the extra work his ciliary muscle has been performing, hour by hour, even when the eye was directed towards distant objects, and still more energetically when towards those which are close at hand.

To correct these errors in refraction or defect of accommodation in the beautiful construction of the eye, thus becoming apparent from the failure of the muscle to perform this extra duty, there is nothing left but some palliative treatment for a state of things which, if neglected, may prove a source of permanent injury.

At last, the retina, no longer receiving the proper stimulus from the rays of light duly focussed upon it, will lose its sensitiveness; possibly, some diseased action may thereby be excited, and the power of vision become limited to a serious degree. But by the use of spectacles, properly adjusted to the particular case, whether, as most frequently, it be one of hypermetropia, or perhaps astigmatism, so often undetected, the power of perfect vision may be prolonged for many years, and an amount of work be accomplished by what are called weak eyes, which none but those who have early adopted the use of spectacles can fully appreciate.

It has been to me lately a source of gratification to notice that the English public is becoming less disposed to object to the use of such artificial aids to vision than was the case many years ago.

Our countrymen seem now to understand a fact which foreigners, and specially the Germans, had long acknowledged, that to be obliged to use spectacles is practically no proof of permanently defective sight; but that where such means as will compensate the natural defect in the eye are

employed, the person so assisted by the use of lenses may attain to very nearly the normal standard of vision.

It should be our duty, as medical advisers, whenever we have patients who complain of weakness of sight, to make a searching examination as to the refraction and power of accommodation in the eye, and to determine, by certain known rules, the amount of disturbance, and the form and strength of lens required to compensate this deficiency. In doing this, and giving such advice, are we not, in truth, making use of palliative treatment? It may be necessary for years afterwards—or, indeed, for the remainder of life—that such a person should continue the use of lenses for this purpose; and so long as they are properly adjusted, the sensitiveness of the retina will be retained, and in this way only will the power of sight be preserved.

Take, again, defective hearing, brought about by disease in the ear, resulting in an abscess and perforation of the membrane of the tympanum.

In such a case the injury is irreparable; we cannot restore the damaged part, so that curative measures, so called, are beyond our reach, and palliative treatment is our only chance. In the cases, for example, of perforation of the membrana tympani, in which the vibrations of the air no longer make their due impression upon the nerve of special sense, palliative means are resorted to; an artificial membrane is substituted for the injured one; the

sonorous vibrations are collected to their proper focus; the nerve of the sense of hearing is duly stimulated, instead of becoming atrophied by disuse, its nutrition is preserved, and the power of hearing is prolonged for many years—perhaps for life—where, otherwise, it would very soon have been permanently lost.

Let us take, next, the question of the teeth, and consider the condition of a person in whom, from debility in early life, the teeth, as a portion of the epidermic system of the body,—like the hair and the nails,—have been feebly grown. In cases of this nature the enamel is imperfect; the teeth, in their irruption, are apt to be crowded and crushed together by insufficient expansion of the jaw; fissures are produced upon the surface of the enamel; particles of food resting in them undergo chemical change; inflammation is set up in the dentine, caries is established, the central cavity of the tooth is exposed, exfoliation of the tooth results, and the perfect mechanism of the masticatory apparatus is hopelessly damaged. Such cases as these are by no means rare, and we should do well to watch their progress, and strive to avert these results.

We all know the immediate and indirect effects of such changes, and it has often occurred to me that there are two consequences resulting from inattention to the growth, development, and preservation of the teeth which often seriously affect the general health. The one is this, that where the teeth are

imperfect, mastication is insufficiently performed, digestion is interfered with, and the general system suffers.

The other consequence is, that whilst the teeth are undergoing inflammatory changes, the patient cannot bear draughts of cold fresh air and good ventilation, so that he fails to benefit by those atmospheric variations so serviceable in the preservation of health.

Now I think you will agree with me that all those practices which form the triumph of dental surgery are of an artificial nature, and are but palliative treatment in one particular form; yet they are in themselves of great value. It is quite possible to imagine that artificial teeth may, in certain cases, be so cleverly fitted in with the natural teeth that the masticatory powers may be restored, or at any rate preserved, to a considerable degree, and the indirect evils I have just referred to, be entirely prevented.

I have in my own observation noticed more than one case—I may say several cases—where much derangement of the general health, coming on at frequent intervals, as the result of accumulation of undigested food, either in the stomach or the intestines, has been prevented by careful attention to the condition of the teeth, by filling tender cavities, or removing useless stumps, and substituting artificial teeth for them, all of which devices must be considered as instances of palliative treatment in surgical cases.

We may now consider how much can be done in the management of diseases of the respiratory organs by means purely palliative when curative measures are unavailable. There are cases—and I speak now rather on the medical side of the subject than the surgical—in which exposure to changes of temperature in the atmosphere very quickly excites spasm of the air passages, and produces irritative cough, and this may often be prevented by the palliative action of respirators.

This idea has been very ingeniously carried out by our distinguished associate, Dr. William Roberts, who for some time worked laboriously—as he always does work upon every subject—in designing a form of respirator in which, while the air becomes warmed in passing through the apparatus, it also undergoes chemical changes by which it acquires special medicinal properties.

In the same way it may be said that by promoting, in the male subject, the growth of the moustache, and inducing patients to observe the valuable habit of keeping the mouth closed—not only to avoid committing themselves to scandal! but also and principally to enable the incoming air to traverse its proper passages, so that it may undergo the warming process to which nature intended it should be subjected—we have a means of treatment purely palliative in its action.

The same may be said of the cultivation of the beard, as a means of correcting the effects of sudden

exposure to cold air on the susceptible surface of the neck; for the beard may be regarded as nature's neckcloth, and far superior for this purpose to any artificial contrivance, inasmuch as it shields the part from cold, without unduly exciting the transpiration of the skin.

Again, in cases of permanent disorder of the digestive organs, due to enlargement of the liver, ulcer of the stomach, chronic inflammation of the duodenum, disease of the pancreas, ulceration of the large or small intestines, irritation about the cæcum, or disease of the rectum,—in all or any of these, assuming that the morbid conditions are irreparable and in no way amenable to curative treatment, much may be done by palliative measures purely dietetical in their nature. That particular part of the intestinal canal which is the subject of disease may be spared excessive functional excitement by careful adjustment of food; or by giving with the food certain additional matters which shall help the feeble organs to perform their duties.

And here we may with advantage again avail ourselves of the beautifully scientific and original observations of Dr. Roberts, upon the use of peptones as aids to digestion. These, when employed in such cases as I am imagining, may be regarded as acting beneficially on palliative principles.

In cases of hernia and displaced viscera generally, we see that what has been called mechanical surgery comes into action, not for cure, but for relief.

The art of adjusting trusses to herniæ—which, if reducible, are liable to return on the slightest exertion, or if irreducible, require to be protected from injury—is palliative in its nature. Of course, I do not refer to the attempts which have been made—and in many cases successfully—for the radical cure of hernia. I am speaking of cases where the hernia is not reducible, or, if reducible, where the patient will not consent to any attempt at a radical cure, and we can only offer him palliative treatment; and, I am sure, you will admit that great skill is often required, to secure proper adjustment of the truss to be employed.

The same may be said of other displacements of the viscera, such as prolapsus of the rectum and dislocations of the uterus. Where active interference is in any way appropriate it should be adopted; but where not so, we are bound to have recourse to palliative treatment and to be content. In no disease, perhaps, is palliative treatment, where conducted with care, of more service to the patient than in the management of confirmed disease of the bladder,—disease, such as is so often associated with deformity or enlargement of the prostate gland in persons of advanced age. Many an old man has passed the last few years of his life in daily and hourly torment from such an affection; whilst in a similar case, perhaps, the amount of suffering has been minimised to a marvellous degree by palliative treatment, carefully conducted.

In deformity of the limbs from imperfect growth in childhood, and in certain forms of paralysis with arrest of development, in which it is impossible, in any way, to attempt curative measures, palliative treatment may immensely improve the condition of the patient. I refer to such cases as defective growth of one of the lower extremities leading to tilting of the pelvis, with spinal curvature and pressure upon the nerves, and other troubles, which may be relieved by a well-adjusted arrangement of the boot which is to be worn, so as to bring up the wasted limb to a length corresponding to that of its fellow.

The same may be said of the consequences of infantile paralysis, where it has left behind it traces of injury to the nerve centres, and these in course of time have become rather intensified than diminished, but by palliative treatment, judiciously applied, the distortions of the feet and flexions of the fingers, may be in part corrected, and the comfort of the patient proportionally secured.

I come next to the centre of the nervous system, the spinal column itself.

There are cases in which deformities of this part have so far advanced before our attention is directed to them, and angular curvature in middle age may have advanced so greatly, that the superincumbent weight of the body increases the deformity, and either by pressure on the nerves, or by interference

with the movements of the chest, the duration of life is imperilled, and complications are imminent in every direction.

Here, a treatment not curative, but essentially palliative, in its character, often gives relief, although we may be compelled to continue to employ it through the whole of life. I refer to such cases as those which often occur, where there has been a slight curvature in early life, and at the age of forty or forty-five, when the muscular system has become weakened from some cause, as in a child-bearing woman from frequent confinements, or from general debility, the degree of curvature rapidly increases and produces painful symptoms from nerve pressure and embarrassed breathing.

Here, a treatment not curative, but palliative, in its nature, by the use of well-adjusted apparatus, especially the system advocated by Professor Sayre in his famous plaster-of-Paris jacket, and various modifications of it which have been suggested, will help immensely to preserve health and prolong life, when nothing of a permanently curative nature can be attempted.

Again, if we turn to that wide subject, the management of malignant disease in all its conditions, whether internal, as in cancer of the stomach and pylorus, or of the lower bowel; or external, as in cancer of the breast;—in all these cases, where the surgeon has endeavoured to arrest the progress of the

disease, and has failed, the problem lies before us—How can we best smooth the downward path and lessen the suffering and distress in store for our patient?

We may check advanced cancer by removal with the knife, and this, in many cases, can only be regarded as a palliative measure, because we do it to relieve our patient from the misery occasioned by the constant presence of a large ulcerating and offensive surface; or we remove it to take off the pressure upon nerves, and thus diminish the amount of agonising pain; hence it is merely palliative, not curative.

Or, we try to effect the same thing by the use of caustics; we use chloride of zinc, potassa fusa, or bromine, all with the same object, namely, to check the local advance of the disease, which after all is but palliative treatment, for we know—and daily experience must constantly give us illustrations of the fact—that in such cases, where we attempt to limit the advance of the disease at one spot we are very apt to find we have accelerated its growth at some other; or, while it seems to cease to grow in one organ, and to be for a time arrested, we suddenly discover that, all the while, some fresh malignant deposit has been forming in a distant part. Unless we can deal with a cancerous growth at a very early stage, when it may be assumed to be purely local, or unless we remove growths which at the time are only suspiciously

malignant, we may possibly be said to be practising curative measures, but, where the disease has fully developed itself, similar treatment can only be regarded as merely palliative.

Again, to relieve the pain of malignant growths, various means have been tried from time to time; and in each particular case it may happen that one form of sedative seems more suitable than another; but, judging from experience, there are only two sedatives which have held their own for a long time, in the relief of the agonizing pain of malignant growths, namely—morphia given hypodermically, or conium, internally, or a combination of the two remedies, internally.

As far as local palliative treatment, where cancer is on the surface of the body and in the ulcerative stage, among many things which have been tried to diminish the fœtor of the discharge, I have seen the greatest good arise from dusting the surface with very finely powdered iodoform.

There is yet another constitutional disease in which it is a very great question whether, in its confirmed stages, our treatment is not rather palliative than curative;—I refer to constitutional syphilis. When the system is once thoroughly tainted with the poison of syphilis, or when the constitutional powers are so weakened by the effects of this poison that nutrition is seriously interfered with, the remedies we employ, and the principles upon

which we use them, must ever be said to be palliative rather than curative.

These I need not say, are of a hygienic nature, such as fresh air, good food, plenty of sleep, absence of anxiety, careful clothing, and perfect temperance, combined with those tonic remedies which have been found to support the constitutional powers, and to suspend or postpone further manifestations of the morbid process.

Lastly, the same remarks, as far as constitutional changes are concerned, are applicable to many cases of what are called strumous disease, or morbid changes occurring in a person with a constitution of the strumous type. We can relieve but we cannot cure; yet, our means of relief may be so extensive, and may act so successfully, that what is really a palliative treatment may earn for itself the reputation of being curative.

Thus I have endeavoured to show by illustrations drawn from various regions of the body, and in different conditions of the system, how, where we cannot cure, it is our duty to seek to mitigate the suffering and prolong the life of the patients under our care, by measures purely palliative in their nature. Such results are the more likely to be the subject of observation and experience among those who are in constant attendance upon the sick, than among consulting practitioners; and it is therefore from men daily occupied in the general practice of their profession that we may hope to gain

many useful practical hints, small perhaps in themselves, and likely to be overlooked, but most valuable in their relation to our efforts to smooth the downward path when the body is attacked by incurable disease.

Let me say, in conclusion, a few words with regard to our Association, of which the branches are the units, and go to make up one entire whole.

If we consider the occupation of our members and the number of them, we can see that it needs only the will to utilise the opportunities at command, for bringing together practical knowledge, which may, in the aggregate, be of the greatest service to suffering humanity.

We have in the Lancashire and Cheshire branch over 700 members, and in the general Association about 8,000.

Now, if only one practitioner in ten belonging to the Association would, in the course of the year, treasure up one well-observed fact as to the action of some medicine, or certain special means of treatment, what a mass of useful information might be gained at the end of twelve months! In its origin, our Association was essentially provincial. It was intended to bring together our scattered forces throughout the kingdom, and, by union, to gain strength; and although by the establishment, at a comparatively recent date, of the metropolitan branch, and the centre of action of our Association

having been removed to London, a national character has been impressed upon it, we must not forget that it is on our brethren, in active practice throughout the length and breadth of the land, that the basis of the Association is made to rest. For it is by meetings such as this, at which we interchange thoughts on the professional topics of the day, each adding his quota of useful knowledge, that we may hope to realise the objects designed by the founder of our Association,—the advancement of the interests of our profession, with the encouragement and development, amongst all its members, of gentlemanly feelings.

CHAS. SEVER, PRINTER, LONG MILLGATE, MANCHESTER.